

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

Chapter 13

-----X
In re:

Case No. 10-24381-rdd

Michael Damiano and Nilsa Bonilla,

Debtors.
-----X

CREDITOR LOSS MITIGATION AFFIDAVIT

STATE OF NEW YORK)
) ss.:
COUNTY OF NASSAU)

I, Rose Saramago, being sworn, say:

I am not a party to this action, am over 18 years of age and reside in Suffolk.

On July 26th, 2011, I served a true copy of the Financial Packet annexed hereto and a request for the following documents:

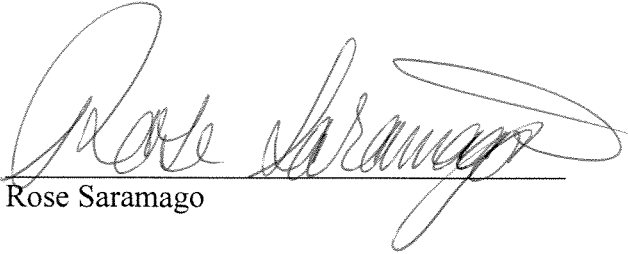
- ☒ A copy of the Debtor(s) two (2) most recent federal income tax returns;
- ☒ A copy of the Debtor(s) last two (2) paycheck stubs, proof of social security income, pensions, or any other income received by the Debtor(s); **OR**, if Debtor(s) is/are self employed: A copy of the Debtor(s) business year to date Profit and Loss Statements, setting forth a breakdown of the monthly business income and expenses for the last year;
- ☒ A copy of the Mortgagee(s) completed Financial Worksheet;
- ☒ Proof of Second/Third Party Income by Affidavit of the party, including the party(s) last two (2) paycheck stubs,
- ☒ Other (please specify): Last two (2) years W-2 forms, Most recent two (2) month's of Complete Bank Statement, Current Homeowners Insurance Policy, Current and/or Delinquent Property Tax Information, Rental Agreement(s) or Purchase Agreements, Dodd-Frank Certificate, and completed 4506T-EZ form

upon the following parties via email at the following addresses:

Joshua N. Bleichman
bleichmanklein@yahoo.com

Dated: Plainview, New York

July 26th, 2011


Rose Saramago

Sworn to before me this

26th day of July, 2011



NOTARY PUBLIC

Richard Postiglione
Notary Public, State of New York
No. 02PO6236577
Qualified in Nassau County
Commission expires February 28, 2015

Please be advised that the loss mitigation contact is as follows:

Name: Nikki D. Mitchell

Title: _____

Address: 6400 Las Colinas Blvd, Irving, Texas 75039

Phone Number: 469-220-6433

**KINDLY PROVIDE A COPY OF THE COMPLETED
FINANCIAL DOCUMENTS VIA EMAIL TO THE
FOLLOWING ADDRESS: rsaramago@rosicki.com.**

CITIMORTGAGE CUSTOMER HARDSHIP ASSISTANCE PACKAGE

citi

FAX COVER SHEET

Sender's Information

Receiver's Information

Name:	To:
Telephone:	Fax:
Number of Pages:	Loan #:

Required Information

- ☐ Signed and dated Financial Worksheets
- ☐ 2 months of paystubs for: _____
- ☐ 2006 & 2007 W-2 forms
- ☐ 2007 complete 1040s
- ☐ Year-to-Date Profit and Loss Statement for Self-Employed Borrowers
- ☐ Social Security Income (Award Letter) for: _____
- ☐ Spousal and/or Child Support Income
- ☐ Supplemental Income or other: _____
- ☐ Complete bank statements for the last two months
- ☐ Current Homeowners Insurance Policy
- ☐ Current and/or Delinquent Property Tax Information
- ☐ Rental Agreement(s), Purchase Agreements

CITIMORTGAGE CUSTOMER HARDSHIP ASSISTANCE PACKAGE**citi**

Please send copies of:

- 2 recent consecutive pay stubs, or
- 2 consecutive months of bank statements, or
- 2 consecutive tax returns

CITI LOAN NUMBER

What are your intentions regarding this property? ☐ Sell ☐ Rent ☐ Keep**PART A Borrower Information**

Borrower Name		Social Security Number		Co-Borrower Name		Social Security Number	
Borrower Phone No.				Co-Borrower Phone No.			
Day _____				Day _____			
Evening _____				Evening _____			
Cell _____				Cell _____			
Property Address:				Mailing Address (if applicable):			
Street _____				Street _____			
City _____				City _____			
State _____ Zip _____				State _____ Zip _____			
Email Address _____				Email Address _____			
Employer (Current)		Position		Employer (Current)		Position	
Years on Job		Employer Phone		Years on Job		Employer Phone	
If in current job for less than 5 years, enter your previous employer information below.							
Employer (Previous)		Position		Employer (Previous)		Position	
Years on Job		Employer Phone		Years on Job		Employer Phone	

PART B Property Information

Is this property for SALE? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is this property for RENT? <input type="checkbox"/> Yes <input type="checkbox"/> No		
List Date _____	Monthly Rent	Monthly Last Paid	Date Lease Expires	
Price _____				
Realtor Name				
Realtor Phone				

PART C Monthly Income

DESCRIPTION (MONTHLY)	
Gross Salary/Wages	
Net Salary/Wages	
Other Income	
Other Additional Income (i.e., SSI, Rental, Second Job, Child Support)	
Total Net Income	

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PART D Monthly Expenses

DESCRIPTION (MONTHLY)	Monthly Payment	Balance Due	# Months Delinquent
1. Primary Home Mortgage	\$	\$	
2. Taxes on Primary Home (if not included in #1)	\$	\$	
3. Insurance on Primary Home (if not included in #1)	\$	\$	
4. Rent Payment (if owner not occupying subject property)	\$	\$	
5. Maintenance/Homeowners Association Fees	\$	\$	
6. Other Mortgages	\$	\$	
7. Automobile Loans	\$	\$	
8. Other Loans	\$	\$	
9. Credit Cards (minimum payment)	\$	\$	
10. Alimony/Child Support	\$	\$	
11. Child/Dependent Care	\$	\$	
12. Utilities (water, electricity, gas, cable, etc.)	\$	\$	
13. Telephone (landline and cell phone)	\$	\$	
14. Insurance (automobile, health, life)	\$	\$	
15. Medical Expenses (uninsured)	\$	\$	
16. Car Expenses (gas, maintenance, parking)	\$	\$	
17. Groceries and Toiletries	\$	\$	
18. Other Monthly Expense (explain)	\$	\$	
19. Other Monthly Expense (explain)	\$	\$	
20. Other Monthly Expense (explain)	\$	\$	
Total	\$	\$	

PART E General Questions

When completing this form, please provide accurate information to the best of your knowledge. If you are unable to provide accurate information, please indicate so.

1. Do you occupy this property as a Primary Residence? ☐ Yes ☐ No
If Yes, how long have you lived at this residence? Years: _____ Months: _____
2. How many people reside in the household? _____
3. Do you have any dependents under the age of 18? ☐ Yes ☐ No If Yes, how many? _____
4. Do you have any other debts or obligations secured by this property (i.e. second mortgage, home equity loan, judgments or liens)?
☐ Yes ☐ No If Yes, please itemize these debts or obligations below:

Debt/Obligation	Amount
	\$
	\$
	\$

5. Do you own any other properties? ☐ Yes ☐ No How many? _____ If yes, please complete the following items:

Monthly Payment	Rental Income	Principal Balance	Is this property currently vacant?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

6. What is the amount of funds you immediately have available to apply toward your mortgage delinquency? \$

7. In addition to the amount stated above, what amount will you have available in 30 days? \$

CITIMORTGAGE CUSTOMER HARDSHIP ASSISTANCE PACKAGE

citi

PART E General Questions (CITI-100)

After completing this section, please attach this page to the end of the hardship assistance package and mail it to the address on the back of the package.

Briefly explain the reason why you are behind on your mortgage payment(s) or are in imminent danger of default (If needed, attach a separate sheet of paper for explanation):

What is your proposal for repaying the arrearage?

CITIMORTGAGE CUSTOMER HARDSHIP ASSISTANCE PACKAGE**citi****Authorization to Release Information**

IN ADDITION TO THIS FINANCIAL STATEMENT AND ITS ATTACHMENTS, THERE MAY BE TIMES WHEN ADDITIONAL INFORMATION IS NEEDED TO REVIEW THE SITUATION THOROUGHLY, SUCH AS:

1. ORDERING CREDIT REPORTS
2. VERIFYING BANK ACCOUNTS IN THIS DISCLOSURE
3. OBTAINING ANY OTHER INFORMATION NECESSARY TO PROPERLY ANALYZE THIS REQUEST

I ACKNOWLEDGE THAT EVERYTHING I HAVE STATED IN THIS DISCLOSURE IS TRUE AND FACTUAL TO THE BEST OF MY ABILITY. I ALSO AGREE THAT IF IT IS DETERMINED THAT I HAVE PROVIDED INFORMATION THAT IS MISREPRESENTED AND THEREBY CAUSED ACTIONS TO BE TAKEN WHICH WOULD NOT HAVE BEEN TAKEN HAD THE TRUE FACTS BEEN KNOWN, I SHALL BE LIABLE FOR ANY AND ALL LOSSES SUFFERED BY THE LENDER OF MY MORTGAGE LOAN.

Borrower Signature

Date

Borrower Signature

Date

AUTHORIZATION TO RELEASE INFORMATION

I/WE HEREBY AUTHORIZE YOU TO RELEASE TO _____
ANY AND ALL INFORMATION THEY MAY REQUIRE FOR THE PURPOSE OF A HARDSHIP REVIEW.
THANK YOU.

Borrower Signature

Date

Borrower Signature

Date

Social Security Number

Social Security Number

Request for Transcript of Tax Return

OMB No. 1545-1872

► Request may be rejected if the form is incomplete or illegible.

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can also call 1-800-829-1040 to order a transcript. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code	
4 Previous address shown on the last return filed if different from line 3	
5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.	

Caution. If the transcript is being mailed to a third party, ensure that you have filled in line 6 and line 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy.

- 6 Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ►
- a Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days ☐
- b Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days. ☐
- c Record of Account**, which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days ☐
- 7 Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days ☐
- 8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2007, filed in 2008, will not be available from the IRS until 2009. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days ☐

Caution. If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

- 9 Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of signature date.

Telephone number of taxpayer on line 1a or 2a

Sign Here	Signature (see instructions)	Date
	Title (if line 1a above is a corporation, partnership, estate, or trust)	
	Spouse's signature	Date

General Instructions

Purpose of form. Use Form 4506-T to request tax return information. You can also designate a third party to receive the information. See line 5.

Tip. Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different RAIVS teams, send your request to the team based on the address of your most recent return.

Automated transcript request. You can call 1-800-829-1040 to order a transcript through the automated self-help system. Follow prompts for "questions about your tax account" to order a tax return transcript.

Chart for individual transcripts (Form 1040 series and Form W-2)

If you filed an individual return and lived in:	Mail or fax to the "Internal Revenue Service" at:
Florida, Georgia, North Carolina, South Carolina	RAIVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362 770-455-2335
Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team Stop 6716 AUSC Austin, TX 73301 512-460-2272
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	RAIVS Team Stop 37106 Fresno, CA 93888 559-456-5876
Arkansas, Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Rhode Island, Vermont, Virginia, West Virginia	RAIVS Team Stop 6705 P-6 Kansas City, MO 64999 816-292-6102

Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to the "Internal Revenue Service" at:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Tennessee, Texas, Utah, Washington, Wyoming, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 801-620-6922
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia, Wisconsin	RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250 859-669-3592

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 6. Enter only one tax form number per request.

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected.

Individuals. Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer.

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

All others. See Internal Revenue Code section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the Letters Testamentary authorizing an individual to act for an estate.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 12 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. Do not send the form to this address. Instead, see *Where to file* on this page.

Servicer: _____

Loan Number _____

HELP FOR AMERICA'S HOMEOWNERS.



Dodd-Frank Certification

The following information is requested by the federal government in accordance with the Dodd-Frank Wall Street Reform and Consumer Protection Act (Pub. L. 111-203). **You are required to furnish this information.** The law provides that no person shall be eligible to receive assistance from the Making Home Affordable Program, authorized under the Emergency Economic Stabilization Act of 2008 (12 U.S.C. 5201 *et seq.*), or any other mortgage assistance program authorized or funded by that Act, if such person, in connection with a mortgage or real estate transaction, has been convicted, within the last 10 years, of any one of the following: (A) felony larceny, theft, fraud or forgery, (B) money laundering or (C) tax evasion.

Borrower

- ☐ I have not been convicted within the last 10 years of any one of the following in connection with a mortgage or real estate transaction:
- (a) felony larceny, theft, fraud or forgery,
 - (b) money laundering or
 - (c) tax evasion

Co-Borrower

- ☐ I have not been convicted within the last 10 years of any one of the following in connection with a mortgage or real estate transaction:
- (a) felony larceny, theft, fraud or forgery,
 - (b) money laundering or
 - (c) tax evasion

In making this certification, I/we certify under penalty of perjury that all of the information in this document is truthful and that I/we understand that the Servicer, the U.S. Department of the Treasury, or their agents may investigate the accuracy of my statements by performing routine background checks, including automated searches of federal, state and county databases, to confirm that I/we have not been convicted of such crimes. I/we also understand that knowingly submitting false information may violate Federal law.

Date

Date